

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY		Attorney Docket Number	9-13528-142US
		First Named Inventor	Christopher THOMPSON
		<i>Complete if known</i>	
		Application Number	
		Filing Date	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing <small>(surcharge (37 CFR 1.16(e)) required)</small>		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD OF TEAM MEMBER PROFILE SELECTION WITHIN A VIRTUAL TEAM ENVIRONMENT

the specification of which

☒ is attached hereto.

OR

☐ was filed on _____

(mm/dd/yyyy)

as United States Application Number or PCT International Application Number _____

and was amended on _____ (if applicable).

(mm/dd/yyyy)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

COMBINED DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith:

☒ Customer Number: **020988**
SWABEY OGILVY RENAULT



Direct all correspondence to:



020988

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Christopher

THOMPSON

Inventor's Signature

Chris Thompson

Date

Dec 15, 2000

Residence: City

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☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) PTO/SB/02A attached hereto.

**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

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Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name Clifford P.					Family Name or Surname GROSSNER				
Inventor's Signature 					Date 2000/12/15				
Residence: City Nepean		State Ontario		Country Canada		Citizenship Canadian			
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Mailing Address									
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Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name Roman					Family Name or Surname ROMANIUK				
Inventor's Signature 					Date Dec 15/00				
Residence: City Ottawa		State Ontario		Country Canada		Citizenship Canadian			
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Mailing Address									
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Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name Jean J.					Family Name or Surname BOUCHARD				
Inventor's Signature 					Date 2000-12-12				
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Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name Stéphane F.					Family Name or Surname FORTIER				
Inventor's Signature 					Date 2000/12/12				
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Mailing Address 3 Rue de la Pêche									
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Burden Hour Statement. This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 2 of 2

Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name L. Lloyd					Family Name or Surname WILLIAMS				
Inventor's Signature 					Date 15 Dec 2000				
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Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name					Family Name or Surname				
Inventor's Signature					Date				
Residence: City		State		Country		Citizenship			
Mailing Address									
Mailing Address									
City		Province or State		Postal Code Or Zip		Country			
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name					Family Name or Surname				
Inventor's Signature					Date				
Residence: City		State		Country		Citizenship			
Mailing Address									
Mailing Address									
City		Province or State		Postal Code Or Zip		Country			
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
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Inventor's Signature					Date				
Residence: City		State		Country		Citizenship			
Mailing Address									
Mailing Address									
City		Province or State		Postal Code Or Zip		Country			

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